EMS Program Authorization Checklist

This document has been developed to assist Iowa EMS programs with identifying, developing, and maintaining requirements for continued authorization and reauthorization of their service program. It is recommended that each service program utilize this checklist on a quarterly basis to ensure that your services records and documents remain compliant at all times. This document should also be used to identify documents that will need to be uploaded into your service program's AMANDA folder. Required documents shall be uploaded 90 days prior to your service program's authorization/reauthorization inspection. Bureau staff will review documentation uploaded into your service's AMANDA file and may ask for additional documents or information to be uploaded prior to the scheduled on-site inspection date. For online reauthorization inspections, complete this checklist and upload it to your services AMANDA folder. If you have any questions please contact your regional coordinator.

Servio	ce Program Information (Service Program details)	
Review	information in your service program's AMANDA folder to ensure information is current and complete for:	
	Affirmation Questions	
	EMS Program Ownership & Staff	
	EMS Service Program Details	
	Disaster Questions	
	EMS Operational Requirements	
	Medical and Service Director Workshops	
	Equipment List	
	911 Service Area	
Note: Any needed changes in AMANDA for the above list must be forwarded to Bureau staff		
EMS Contact List (EMS Service Provider Application Review)		
Review	information in service program's AMANDA folder to ensure current and complete information for:	
	Service Director	
	Medical Director	
	Dispatch Center	
	Pharmacy (if applicable)	
	Pharmacist (if applicable)	
Note: A	any needed changes in AMANDA for the above list must be forwarded to Bureau staff	
Perso	nnel Files and Roster (EMS Service Provider Application Review)	
Note: E	Ensure the information in the Personnel Roster tab of the service program's AMANDA folder is current and complete	
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Emerg	Emergency Vehicle Driving Policy		
Policy includes, at a minimum:			
	Overview of Iowa Laws regarding emergency vehicle operations (Iowa Code 321.231)		
	Frequency of service required driver training		
	Criteria for response with lights or sirens or both		
	Speed limits		
	Procedure for approaching intersections		
	Use of service communication equipment		
	Service member notification process in the event of a motor vehicle collision while responding in service or personal		
	vehicle		
	Copy of the most current policy has been uploaded into the service program's AMANDA folder		
	sport Agreement		
Non-Tr	ansport Service Program (Required):		
	Current and valid written agreement that ensures simultaneous dispatch with an authorized transport service program		
	for all 911 or emergency calls		
	Document identifies roles and responsibilities of each party		
Tuonana	Copy of current transport agreement has been uploaded into the service program's AMANDA folder		
	orting Service Program (Required if transporting service cannot maintain minimum 24/7 staffing requirements):		
	Current and valid written agreement that ensures appropriate transport of patients by an authorized Iowa transporting		
	service program		
	Document identifies roles and responsibilities of each party		
	Copy of current transport agreement has been uploaded into the service program's AMANDA folder		
Patien	nt Care Protocols		
	Service program's Medical Director has approved/authorized current patient care protocols based upon minimum		
	EMS clinical guidelines		
	Changes made to the department approved EMS clinical guidelines are within the service program's level of		
	authorization Changes made to the department approved EMS clinical evidelines are within the carries are vider's seems of		
Ш	Changes made to the department approved EMS clinical guidelines are within the service provider's scope of practice		
	Changes made to the department approved EMS clinical guidelines are considered within acceptable medical		
	practice		
	Changes to the Department of Health's protocols by the service program's Medical Director has been filed with the		
	Bureau of Emergency and Trauma Services		
	Current Patient Care Protocol Authorization page has been signed and dated by the service program's Medical		
	Director		
	Copy of the signed and dated Patient Care Protocol Authorization page has been uploaded into the service		
	program's AMANDA folder (Note: do not upload the service's entire set of protocols, only upload any changes		
	made and approved by the service program's Medical Director)		
Pharn	nacy Agreement		
	vice programs that carries and administers prescription drugs are required to have and maintain a written Pharmacy		
	nent. In addition to the Pharmacy Agreement the service program must ensure all drugs are maintained in accordance		
	e Iowa Board of Pharmacy's rules (IAC 657 Chapters 10 & 11). Service programs that carries and administers only		
	e-counter (OTC) medications are not required to have a written pharmacy agreement.		
	agreement includes, at a minimum: Ownership of drugs (e.g. pharmacy or medical director)		
	Ownership of drugs (e.g. pharmacy or medical director) Drug exchange		
	Distribution Distribution		
	Storage		
	Security		
	Copy of current pharmacy agreement has been uploaded into the service program's AMANDA folder		
	Copy of current written pharmacy policy has been uploaded into the service program's AMANDA folder		

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Transport Decision Policy (All transport service programs)		
☐ Establish a transport decision policy that requires a complete assessment of the patient to determine transport needs		
and includes:		
 Out-of-Hospital Trauma and Triage Destination Decision Protocol 		
 Time critical condition considerations for transport to specialty cardiac or stroke facilities 		
 Process for service program provider to determine transport to a hospital, medical clinic, extended care 		
facility, or other facility where health care is routinely provided		
Process for patient refusal or nontransport if emergency care is not warranted		
 Process where service program provider may make arrangements for alternate transport if emergency transport is not needed 		
□ Copy of current Transport Decision policy has been uploaded into your service program's AMANDA folder		
CQI Program		
Written policy that includes, at a minimum:		
Designee appointed by the service program's Medical Director to complete the medical audits if the audits are not		
completed by the Medical Director		
☐ Medical audits review patient care provided		
☐ Identifies deficiencies or potential deficiencies regarding medical knowledge or skill or procedure performance		
Reviews, at a minimum, 911 response and scene times		
☐ Monitors, identifies and documents at a minimum		
Continuing education Condentialing of alcillaged arrangements.		
 Credentialing of skills and procedures Personnel performance for service's emergency medical care providers, drivers, PA and RN exceptions 		
 Establishes measureable outcomes that reflect service program goals and standards Completion of loop closure/resolution of identified areas of concern 		
 Completion of loop closure/resolution of identified areas of concern Copy of current CQI policy has been uploaded into the service program's AMANDA folder 		
Documentation and verification that:		
☐ The service program's Medical Director is randomly reviewing patient care reports		
☐ Medical audits are being completed at least quarterly by the service program's Medical Director or their designee		
Patient Care Reports		
All service programs:		
□ Verification that a patient care report (PCR) concerning the care provided is completed and maintained for every		
patient Copy of current written patient care report policy has been uploaded into the service program's AMANDA folder		
Transporting service programs:		
□ Verification that a copy of the PCR is provided to the receiving facility within 24 hours of the call		
Patient Data Reporting		
□ Verification that reportable patient data has been submitted to the Department in an approved format		
Reportable patient data has been submitted no later than the last day of the month following the month services were		
provided		
□ Copy of current written data submission policy has been uploaded into the service program's AMANDA folder		
Education and Training		
Documentation must be maintained and provided upon request:		
☐ Continuing education as required per the service program's CQI policy for all service program staff		
☐ Credentialing of skills and procedures as required per the service program's CQI policy for all service program staff		
Staffing		
Transporting Service Programs:		
Uverification of staffing to ensure a response when requested (e.g. 24/7 schedule, transport agreement with another		
transporting service program, etc.)		
☐ Verification of minimum staffing requirements (e.g. EMT & driver, etc.) when transporting a patient		
Non-Transporting Service Programs:		
☐ Verification of staffing to ensure a response when requested (e.g. 24/7 schedule, transport agreement with a		
transporting service program/simultaneous dispatch etc.)		

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Vehicles/Equipment			
	Effective January 1, 2022 – Annual vehicle inspection		
	Effective January 1, 2022 – New ambulances manufactured and placed into service meet CAAS or NFPA standard		
	Verification of a preventative maintenance program for each service program response vehicle		
	Vehicles are housed in a climate controlled garage		
	Vehicles are maintained in a safe condition		
	Interior and exterior of vehicles are clean		
	Interior of vehicle is disinfected after use by patient		
	Medical equipment is maintained per manufacturer requirements		
	Equipment and supplies per medical director approved protocols and level of service program authorization		
	Equipment is properly secured to prevent damage or injuries		
	Medical and patient care supplies are monitored for expiration dates, cleaned, laundered or disinfected		
	PPE and supplies are available to ensure responder safety during every response		
	Proper disposal of soiled supplies		
Administration			
_	pplicable:		
	Effective January 1, 2022 – Affiliation agreement for service programs that have submitted to the department fewer		
	than 100 data reports per year for each of the previous two consecutive calendar years		
	Bureau notified within 7 days prior to any change in location of base of operations, administrative office, satellite, or affiliate		
	Bureau notified in writing within 7 days prior to any changes in medical director or any reduction or discontinuance of operations		
	Bureau notified in writing within 7 days prior to any change in service director or any reduction or discontinuance of		
	operations		
	Bureau notified within 7 days when entering into agreements with one or more service programs or management		
	entities to form multiservice systems for shared service program management, administration, data submission, or		
	other services to ensure compliance with these rules.		
	Bureau notified within 10 days of termination or resignation in lieu of termination of an emergency medical care		
	provider due to negligence, professional incompetency, unethical conduct, substance use, or violation of any of these		
	rules		
	Bureau notified in writing within 48 hours of a motor vehicle collision resulting in personal injury or death		
	Bureau notified in writing within 48 hours following the occurrence of theft of drugs		
	onal documents needed for completing online inspection		
	ave been contacted and agreed to complete your services inspection online, ensure that the following documents are		
-	d into your services AMANDA account :		
	PCR audit log or report verifying completion of medical audits Vehicle Meintenance Records or report verifying vehicle meintenance since the lost completed inspection		
	Vehicle Maintenance Records or report verifying vehicle maintenance since the last completed inspection		
	Verification of staff continuing education and credentialing as per CQI Policy Completed Equipment/Supply inventory checklist (most current to include expiration dates)		
	Completed Equipment/Supply inventory checknist (most current to include expiration dates) Completed Prescription/OTC medication inventory checklist (most current to include expiration dates)		
	Any additional documents that you feel may be relevant		
Addition	nal service program resources and information can be found in the Bureau's web site at:		
	lph.iowa.gov/bets/ems/services.		
	ng below, I hereby declare that all information submitted for the online inspection is true, complete and		
accurate to the best of my knowledge and belief. I understand that in the event any submitted information is found			
to be fal	se or incorrect further disciplinary action may be taken.		
G :	Down and the Miles		
Service	Service Representative/Title Date		

For online reauthorization inspections, please upload this completed checklist to your AMANDA account.

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